

20a per 87-1
Page 8, Item 19a
Applies to Both
Categorically and
Medically Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - PREGNANCY-RELATED AND POSTPARTUM SERVICES FOR 60 DAYS AFTER THE
PREGNANCY ENDS

NMAP covers pregnancy-related and postpartum services for 60 days after the
pregnancy ends, based on medical necessity.

Transmittal # MS-86-25

Supersedes

Approved

1/07/87

Effective

10/1/86

Transmittal # (New Page)

Page 8, Item ²⁰⁵ 495 per 87-11
Applies to Both
Categorically and
Medically Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - SERVICES FOR ANY OTHER MEDICAL CONDITIONS THAT MAY COMPLICATE
PREGNANCY

NMAP covers medical services for any other medical conditions that may
complicate pregnancy, based on medical necessity.

Transmittal # MS-86-25

Supersedes

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10/1/80

Transmittal # (New Page)

ATTACHMENT 3.1-A
Item 24a (Page 1)
Applies to Both
Categorically and
Medically Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - TRANSPORTATION

AMBULANCE

NMAP covers medically necessary ambulance services required to transport a client during an emergency or required to obtain medical care. NMAP does not cover ambulance services provided to a client from the home (including NF or ICF/MR) for trips to physicians' offices, physician-directed clinics, or dental offices for non-emergency appointments.

OTHER MEDICAL TRANSPORTATION

NMAP enrolls individual and agency providers to provide appropriate medical transportation to Medicaid-eligible clients. NMAP covers transportation services for Medicaid-eligible clients for trips necessary to obtain Medicaid-coverable services when the client has no other means of transportation. NMAP may cover transportation services for a parent, caretaker, or attendant to escort a client to and from Medicaid-coverable services when necessary.

Transmittal # MS-93-15

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JAN 26 1994

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NOV 17 1993

Transmittal # MS-88-13

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - TRANSPORTATION

AMBULATORY ROOM AND BOARD

NMAP covers ambulatory room and board services as a travel-related expense under 42 CFR 440.170(a)(3)(ii) and (iii). Ambulatory room and board is defined as meals and lodging determined to be necessary by Medicaid Services Division staff to secure NMAP-coverable services for a Medicaid client.

This may include meals and lodging for an attendant.

NMAP covers ambulatory room and board services only when -

1. The client is receiving NMAP-coverable services;
2. Travel time or distance to the medical provider and receipt of medical services are expected to require the client to be away from his/her home for 12 hours or longer;
3. An out-of-town overnight stay is necessary while receiving NMAP-coverable services; and
4. Ambulatory room and board is a cost effective level of care that provides an alternative to inpatient admission or extended outpatient care.

Ambulatory room and board services may be covered for up to one day before or after receiving NMAP-coverable services, if extensive travel is necessary to receive NMAP-coverable services. Ambulatory room and board for an attendant to accompany the client may be covered when the client is physically or mentally unable to travel or wait alone while receiving NMAP-coverable services.

To be eligible to receive NMAP payment for ambulatory room and board services, each hospital providing those services must be approved by the Medical Services Division as a provider of ambulatory room and board services before providing these services to NMAP clients and/or attendants.

Transmittal # MS-93-15

Supersedes Approved JAN 26 1994 Effective NOV 17 1993

Transmittal # MS-87-10

ATTACHMENT 3.1-A
Item 24f
Applies to Both
Categorically and
Medically Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - PERSONAL CARE AIDE SERVICES

NMAP covers personal care aide services when ordered by the client's physician based on medical necessity.

NMAP generally limits personal care aide services to 40 hours per client per seven-day period, subject to utilization review. Central Office approval must be obtained for services authorized in excess of 40 hours per week.

NMAP considers a personal care aide to be a "trained" aide when the provider meets one of the following criteria and presents a copy of the certificate or license to the worker. The provider must -

1. Have successfully completed the American Red Cross Home-Bound Care Course or a basic aide training course that has been approved by the Nebraska Department of Health or the Nebraska Department of Social Services;
2. Have passed the Nurse Aide Equivalency test; or
3. Be a licensed R.N. or L.P.N.

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